

STATE OF MONTANA

ARTICLES of FORMATION for
DOMESTIC BUSINESS TRUST
(35-5-103, MCA)

MAIL: **BRAD JOHNSON**
Secretary of State
P.O. Box 202801
Helena, MT 59620-2801

PHONE: (406)444-3665
FAX: (406)444-3976
WEB SITE: *sos.mt.gov*



Prepare, sign, submit with signature, annual report(s)
and the correct filing fee.

(Space below for use by the Secretary of State only)

Filing Fee: \$ 70.00

☐ **24 Hour Priority Filing Add \$20.00**

☐ **1 Hour Expedite Filing Add \$100.00**

Executed by the undersigned person for the purpose of forming a Montana Business Trust.

1. The name of this Business Trust is: _____

2. The name and address of its registered office/agent in Montana:

Registered Agent: _____

Street Address: _____

Mailing Address: _____

City: _____ Montana, Zip Code: _____

Signature of registered agent (**required**): _____

3. A description of the business the Business Trust intends to transact:

4. The name and address of its current trustees:

Signature of Trustee

Dated

Printed Name

Title

MONTANA CORPORATION ANNUAL REPORT

Prepare, sign, submit with an original signature and filing fee.
This is the minimum information required.
(This space for use by the Secretary of State only)

MAIL: BRAD JOHNSON
Secretary of State
P.O. Box 202802
Helena, MT 59620-2802
PHONE: (406)444-3665
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MUST BE RETURNED IN ORDER FOR YOUR CORPORATION
TO REMAIN ACTIVE AND IN GOOD STANDING AND PREVENT
INVOLUNTARY DISSOLUTION/REVOCATION PER 35-1-1104, MCA,
AS A PROFIT CORPORATION; 35-2-904, MCA, AS A NONPROFIT
CORPORATION; AND 35-4-209, AS A PROFESSIONAL SERVICE
CORPORATION.

Filing Fee on or before April 15th: \$15.00

After April 15th: \$30.00

☐ 1 Hour Expedite Filing Add \$100.00

☐ 24 Hour Priority Filing Add \$20.00

To help you determine what information is on file with this office, please call the above phone number or use
our business entity search at app.discoveringmontana.com/bes

Exact Name of Corporation: _____

Registered Agent Information.

The name and address of the Registered Agent/Office in Montana:

Name of Registered Agent: _____ Phone (Optional): _____

E-Mail Address (Optional): _____

Street Address: _____ City: _____ MT Zip: _____

(or Physical Location)

Mailing Address/PO Box*: _____ City: _____ MT Zip: _____

*Complete if mailing address is different from street address or physical location and both addresses must be in Montana.

Signature of New Registered Agent (required if changed): _____

1. State of Incorporation: _____

2. Address of Principal Office in state of incorporation: _____

3. Brief Description of business in which corporation is actually engaged: _____

4. Names and addresses (street name and number) of Principal Officers: (Attach list if more than six officers)

President: _____

Treasurer: _____

Vice President: _____

Other: _____

Secretary: _____

Other: _____

5. **Names and Addresses** (street name and number) of **Directors**: Nonprofit corporations are required to have a minimum of three (3) directors. (Attach list, if necessary).

6. **Shares** (profit corporations only). List the current total number of shares authorized and total number of shares issued. Itemize both by class and series, if any. (Attach schedule, if necessary)

<u>Shares Authorized</u>	<u>Shares Issued</u>	<u>Class</u>	<u>Series</u>	<u>Par Value</u>
		COMMON		

Domestic Profit Corporations Only. If issued shares exceed authorized shares or a change is made in class, par value or the number of authorized shares; an amendment must be filed according to MCA Title 35.

7. **Professional Service Corporations only.** I certify that all the shareholders, not less than one-half the directors and all the officers other than the secretary and treasurer of the corporation are qualified persons with respect to the corporation.
8. **Nonprofit Corporations only (Please mark either box).** The corporation shall ☐ have members or ☐ shall not have members. (This information must agree with our records).
9. **By my signature below, I, an official of the above corporation, do state that I signed this report on behalf of the corporation and that the statements herein contained are true, under penalty of false swearing.**

X: _____	_____	_____	_____
Signature of officer or chair of board	Title	Printed name of signing official	Date

An annual report must be filed for each year of reinstatement.

The individual signing must be listed on the annual report or attachment and identified as either an officer or chair of the board of directors in order for this office to accept the signature.

All information provided, including names and addresses of officers and directors, will be made available on the Secretary of State's web site or upon request.

Sign and include correct filing fee:
\$15.00, if filed on or before April 15th
\$30.00, if filed after April 15th

Please send fee and completed report to:
Brad Johnson (406) 444-3665
Secretary Of State
P.O. Box 202802
Helena MT 59620-2802

Make checks payable to **Secretary Of State, Helena MT 59620-2802**